NHGRI IRB Protocol Checklist: One copy of this checklist must accompany all submissions.

- I. NEW PROTOCOL FOR IRB REVIEW (original + 25 stapled copies)
 - □ Form 1195 signed by PI, Accountable Investigator, Branch Chief.
 - NHGRI Human Subjects Research Protocol Template, including item 9, a plan for monitoring adverse events.
 - Gender and Ethnicity Tracking Form (complete Section A; use "unknown" if specific numbers are not being targeted) or Inclusion Enrollment Form and Target/Planned Enrollment Table.
 - Appendices including questionnaires, educational materials, investigator's brochure, etc.
 - Participant recruitment materials.
 - Consent form(s).
 - Diskette or e-mail containing consent form(s). Please do not use Word Perfect.
 - □ SRC correspondence including SRC review, PI response (if any).

II. CONTINUING REVIEWS YEARLY (Protocol Number _____) (original + 25 stapled copies)

- □ Form 1195-1 signed by PI, Accountable Investigator, Branch Chief
- Table of Contents indicating a page for each of the additional continuing review elements listed below.
- Cover memo addressing:
 - a) A concise statement regarding protocol progress to date and key findings.
 - b) Address any "Yes" responses to questions on 1195-1 (i.e., slower than expected accrual, complications/side effects, withdrawals, etc).
 - c) Whether there will be continuing accrual of research participants.
 - d) Reason(s) for continuing the study.
 - e) Any amendments made within the last year.
 - f) Currently proposed changes in protocol or consent form.
 - g) Any changes in the protocol that would require a new consent form to be signed.
 - h) Any study publications (if none, please state "NONE").
- Gender and Ethnicity Tracking Form (complete Sections A, B, and C; use "unknown" in Section C if specific numbers are not being targeted) or Inclusion Enrollment Form and Target/Planned Enrollment Table
- □ Amended pages, with the additions and deletions, so noted.
- Revised version of protocol, including a plan for monitoring adverse events (Section 9).
- □ Current consent form, revised, if applicable.
- □ A copy of IRB stipulations/recommendations from previous year.
- Diskette or e-mail containing consent form IF changes to consent form are involved. Please do not use Word Perfect.

III. RENEWAL AFTER THREE YEARS (Protocol Number _____) (original + 25 stapled copies)

- □ Form 1195-1 signed by PI, Accountable Investigator, Branch Chief
- Table of Contents indicating a page for each of the additional continuing review elements listed below.
- Cover memo addressing any amendments made within the last year, any currently proposed changes in protocol or consent, any changes in the protocol that would require a new consent form to be signed, and any study publications.
- Gender and Ethnicity Tracking Form (include target numbers in addition to accrued and cumulative numbers; use "unknown" if specific numbers are not being targeted) or Inclusion Enrollment Form and Target/Planned Enrollment Table.
- □ Protocol Rewritten according to template to address:
 - a) A concise statement regarding protocol progress to date and key findings.

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- b) Address any "Yes" responses to questions on 1195-1 (i.e., slower than expected accrual, Complications/side effects, withdrawals, etc).
- c) Changes in the field that have an impact on future direction, including publications.
- d) Include in Item 9 a plan for monitoring adverse events.
- e) Reason(s) for continuing the study and description of new approaches.
- □ Amended pages, with the <u>additions</u> and deletions, so noted.
- Revised or current consent form, if applicable.
- □ SRC correspondence including SRC review, PI response (if any).
- □ A copy of IRB stipulations/recommendations from previous year.
- Diskette or e-mail containing consent form IF changes to consent form are involved. Please do not use Word Perfect.

IV. REVISED PROTOCOL FOR FULL IRB REVIEW (original + 25 stapled copies)

- Cover memo responding point-by-point to critique.
- Revised pages of protocol and consent, with the additions and deletions, so noted.
- Copy of IRB Meeting Minute Stipulations.
- Clean copies of entire revised protocol and consent.
- □ Diskette or e-mail containing consent form. Please do not use Word Perfect.

V. RESPONSES TO STIPULATIONS FOR CONDITIONALLY APPROVED PROTOCOLS (original + 6 stapled copies if returned to a IRB Subcommittee; original + 3 stapled copies if returned to NHGRI IRB Chair)

- Cover memo responding point-by-point to stipulations.
- Revised pages of protocol and consent, with the additions and deletions, so noted.
- Copy of IRB Meeting Minute Stipulations.
- Clean copies of entire revised protocol and consent.
- □ Diskette or e-mail containing consent. Please do not use Word Perfect.

VI. AMENDMENTS - (PROTOCOL # ______). Call Sara Hull (301-435-8712) to determine type.

Expedited amendments (original + 6 stapled copies)

- Cover memo explaining changes.
- □ Amended pages, with the <u>additions</u> and deletions, so noted.
- Complete, clean protocol and consent form.
- Diskette or e-mail containing consent form IF changes to consent are involved. Please do not use Word Perfect.

OR

"Previously Collected Human Biological Materials/Data" Amendment Form.

Full board review (original + 25 stapled copies)

- Cover memo explaining changes.
- □ Amended pages, with the additions and deletions, so noted.
- Complete, clean protocol and consent form.
- Diskette or e-mail containing consent form IF changes to consent are involved. Please do not use Word Perfect.

VII. TERMINATIONS (Protocol Number): Original and 3 copies

- Cover memo addressing key findings of the study and why the study was terminated.
- □ Form 1195-1 signed by PI, Accountable Investigator, Branch Chief.
- Gender and Ethnicity Tracking Form or Inclusion Enrollment Form and Target/Planned Enrollment Table
- Consent form

Materials for full IRB review must be submitted to Peggy McKoy Bldg 49, Room 4A14 by Noon on the due date, or they may be reviewed at a later meeting. (See NHGRI IRB Calendar).

For questions regarding the checklist or submissions, please contact:

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